

This application is good for 180 days or until the position is filled.

Have you been convicted of, pleaded guilty to, pleaded no contest or nolo contendere to, been paroled for, received probation or deferred judgment for, or received a suspended imposition/execution of sentence for any felony or misdemeanor in any jurisdiction? ☐ Yes ☐ No

Do you have any pending criminal charges in any jurisdiction that have not yet been fully resolved or disposed of? ☐ Yes ☐ No

(Conviction or pending arrest will not necessarily disqualify applicant from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)

If yes to either of the above questions, provide details for each crime or charge (date, jurisdiction, crime involved, disposition, current status, etc.). Add additional sheets if necessary to fully explain.

EDUCATION

Please list education or specialized experience that relates to the position(s) for which you are applying. Exclude names or terms that indicate, for example, race, color, religion, sex, disability, or national origin.

	High School	Tech School	College/University
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
School Name and Location			
Diploma/Degree			
Describe Course of Study			

EMPLOYMENT EXPERIENCE

Give a complete record of all employment for the past 10 years. Use a separate section for any unemployment or self-employment history, if necessary. Your application will not be processed if it is not properly completed.

Employer	Dates Employed		Describe Work Performed
Address	From	To	<p>Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Describe Work Performed
Address	From	To	
Telephone: ()			

Job Title	Hourly Rate/Salary Starting/Final		<p>Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Describe Work Performed
Address	From	To	<p>Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Describe Work Performed
Address	From	To	<p>Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Describe Work Performed
Address	From	To	<p>Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			

Reason for Leaving		Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Describe Work Performed
Address	From	To	
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
		Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer	Dates Employed		Describe Work Performed
Address	From	To	
Telephone: ()			
Job Title	Hourly Rate/Salary Starting/Final		
Supervisor			
Reason for Leaving			
		Were you subject to DOT regulations for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No Were you subject to DOT-required drug/alcohol testing for any job you held? <input type="checkbox"/> Yes <input type="checkbox"/> No	

TRUCK DRIVING EXPERIENCE				
Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates From/To		Approximate Number of Miles/Hours
Straight Truck				
Tractor and Semi-Trailer				
Material Handling Equipment				

Have you EVER been denied a license, permit, or privilege to operate a motor vehicle?
☐ Yes ☐ No

If yes, where? _____ When? _____

Why? _____

Is your license to drive suspended or revoked at this time, in any state?
☐ Yes ☐ No

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If yes, where? _____ When? _____

Why? _____

Has any license, permit, or privilege EVER been suspended or revoked?

☐ Yes ☐ No

If yes, where? _____ When? _____

Why? _____

Is your driving privilege limited in any way, such as probation, area of operation, limitations of hours, etc., at this time?

☐ Yes ☐ No

If yes, why? _____

Are you familiar with D.O.T. Motor Carrier Safety Regulations?

☐ Yes ☐ No

Do you agree to follow them?

☐ Yes ☐ No

List all unexpired commercial drivers' licenses:

State _____ Expiration Date _____ License Number _____

State _____ Expiration Date _____ License Number _____

ACCIDENT RECORD

(List accidents for the past three years.)

Date	Where	Nature of Accident (Head-On, Rear-End, Etc.)	Nature of Injuries	Fatalities	Type of Vehicle You Were Driving

MOVING VIOLATIONS FROM PAST THREE YEARS

(List only if convicted or if bond or collateral was forfeited.)

Date	Where	Specific Violation	Outcome/Disposition/Penalty

OTHER

Will you take an alcohol/drug screen breath/urine test for drug and alcohol or controlled substances?

☐ Yes ☐ No

Have you EVER been convicted for any alcohol-related crime or traffic offense?

☐ Yes ☐ No

If yes, where? _____ When? _____

Was a vehicle involved? If yes, what type: ☐ Personal ☐ Commercial

☐ Yes ☐ No

If yes, what charge? _____

Have you EVER been convicted for any drug-related crime or traffice offense?

☐ Yes ☐ No

If yes, where? _____ When? _____

Was a vehicle involved? If yes, what type: ☐ Personal ☐ Commercial

☐ Yes ☐ No

If yes, what charge? _____

Do you have any currently pending alcohol-related or drug-related charges or arrests that have not yet been fully resolved or disposed of?

☐ Yes ☐ No

If yes, where? _____ When? _____

Was a vehicle involved? If yes, what type: ☐ Personal ☐ Commercial

☐ Yes ☐ No

If yes, what charge? _____

(Conviction or pending arrest will not necessarily disqualify you from employment. The recency, severity, and pertinence of the conviction to the job will all be considered.)

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences:

State any additional information you feel may be helpful in considering your application:

APPLICANT'S STATEMENT

This certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge. The County may investigate all statements contained in this application, and I understand that any false, omitted, or misleading information may result in my immediate discharge if I am hired. **I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND THE COUNTY IS TERMINABLE-AT-WILL SO THAT BOTH THE COUNTY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGES IN THIS "AT WILL" EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING AND APPROVED BY THE COUNTY BOARD.**

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the County to determine whether I qualify for the position being considered. In addition, I understand a drug and alcohol test is required.

I understand that my previous employers may be contacted and that the information provided by me may be used for the purpose of investigating my safety performance history as required by DOT regulations. I authorize the County to make a thorough investigation of my past employment, education, criminal history, driving record, job-related activities, and other relevant background information, and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this County against any liability that might result from making such investigation.

I further understand, with respect to any of my employment during the past three years that was subject to DOT regulations, that I have the following rights: (1) to review any DOT-required information provided by those employers to the County, if I make a written request to the County for same within 30 days after being employed or being notified of denial of employment; (2) to have any errors in the information corrected by the prior employer and for that employer to re-send corrected information to the County; and (3) to have a rebuttal statement attached to the alleged erroneous information, if my prior employer and I cannot agree on the accuracy of the information.

Additionally, I authorize the County to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party with an interest as the County deems appropriate.

Signature of Applicant

Date